

20

TULARE COUNTY WORKFORCE INVESTMENT BOARD, INC. WORKFORCE INVESTMENT ACT TITLE I-B ACTIVITIES	DATE: October 25, 2006
	SUBJECT: MIS FORMS

TCWIB DIRECTIVE

TCWIBD-06-5

TO: TCWIB Service Providers
TCWID Staff: Supervisors; Intake/Assessment; Program and Monitoring Analysts; MIS

SUBJECT: MIS FORMS

EXECUTIVE SUMMARY

Purpose:

This directive transmits local policy regarding use of the current MIS Forms.

Scope:

This directive applies to all TCWIB-funded, WIA Service Providers and TCWID staff responsible for documenting WIA activities, from registration, enrollment, activities, exit, and follow-up.

Effective Date:

This directive is effective October 25, 2006. **This Directive Supersedes TCWIBD-04-6.**

References:

- ◆ State of California, EDD, WIA Information Bulletin Number WIAB03-41, Dated December 5, 2003
- ◆ State of California, EDD, WIA Information Bulletin Number WIAB03-28, Dated October 3, 2003
- ◆ State of California, EDD, WIA Information Bulletin Number WIAB04-04, Dated April 26, 2005

TCWIB-IMPOSED REQUIREMENTS:

This directive contains TCWIB-imposed requirements. These requirements are in *bold, italic type*.

FILING INSTRUCTIONS:

Retain this directive until further notice.

BACKGROUND:

The Workforce Development Community throughout the state of California was provided a WIA Client Forms Handbook dated March 3, 2000 in the Training and Employment Guidance Letter 7-99, dated March 3, 2000 and attached to Information Bulletin WIAB01-21. *This directive implements form changes to the Job Training Automation System data entry on the associated forms.*

Recent Information Bulletins have provided updated and revised forms. These revisions add new fields, and/or change the way data is collected. The most recent Information Bulletin affecting MIS forms includes changes to the WIA Application (EWIR); WIA Enrollment/Registration (EWIE), and WIA Exit (EWIT), client forms. In addition there is a new form for youth programs named the WIA Youth Test Scores (EYTS).

POLICY AND PROCEDURES:

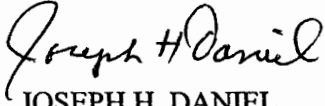
WIA Service Providers and appropriate TCWID staff shall use the latest revision of these Forms for documenting all WIA activity: i.e., Registration, Enrollment, Goals, Exit and Follow-up services. MIS staff will forward new forms as they are revised with the revision date on the bottom left corner in the future. The use of obsolete forms will no longer be acceptable.

ACTION:

Please forward this directive and the attached Forms to all appropriate staff.

INQUIRIES:

Direct questions to Vyvian Timm, Senior Analyst, TCWID, (559) 713-5200, vtimm@tcwid.org.



JOSEPH H. DANIEL
Administrator

JHD:VT:KF

E:\Workforce Investment Act - Working Papers\WIB Policy Bulletins & Directives\TCWIB Directives\TCWIBD-04-6 (MIS Forms - Supersedes TCWIBD-03-5) - Directive.doc

Attachment(s): WIA Application (EWIR) – 09-13-06 revision
WIA Enrollment/Registration (EWIE) - 09-13-06 revision
WIA Goals (EWIG) – 09-13-06 revision
WIA Youth Test Scores (EYTS) – 05-05-05 (In Draft)
WIA Exit (EWIT) – 09-13-06 revision
WIA Follow-up Information (EWIF) – 09-13-06

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
00 Application Number
01 Agency Code
02 Social Security Number

03 Universal Access Only 1 Yes 2 No		04 Application Date		05 Last Name			06 First Name / Middle Initial			
07 Street Address (Residence)				City / State (Residence)			08 ZIP Residence		09 Phone (Residence) ()	
10 Mail Street				Mail City / State			11 Mail ZIP		12 Message Phone ()	
13 GEO Code (Optional)	14a Citizen 1 Yes 2 No	14b Eligibility to Work in the U.S. 1 Yes 2 No		16 Gender 1 Female 2 Male	17 Birthdate	18 Age	19 Assessed 1 Yes, WIA Assessed 2 Yes, Non-WIA Assessed 3 Not Assessed		20 Selective Service Registration 1 Yes, Registered 2 No, Not Registered 3 Exempt From Registration 4 Not Required	
	15 Alien Doc #									
21 Race (select one or more)		Concurrent Participation				42 Disabled		47 Pregnant / Parenting Youth		
AA Asian Indian		22 Adult Education		1 Yes	2 No	1 Yes, Major	1 Yes			
AB Cambodian		23 Job Corps		1 Yes	2 No	2 Yes, Substantial	2 No			
AC Chinese		24 Farmworker Program		1 Yes	2 No	3 No	9 Not Applicable			
AD Filipino		25 Native American Program		1 Yes	2 No	43 Limited English		48 Youth Needing Assistance (Additional Barriers)		
AE Guamanian		26 Veterans' Workforce Investment Programs		1 Yes	2 No	1 Yes	1 Yes	1 Yes		
AF Hawaiian		27 Veterans' DVOP / LVR		1 Yes	2 No	2 No	2 No	2 No		
AG Japanese		28 Trade Adjustment Act		1 Yes	2 No	44 Substance Abuse		9 Not Applicable		
AH Korean		29 NAFTA-TAA		1 Yes	2 No	1 Yes	2 No	49 Runaway Youth		
AI Laotian		30 Vocational Education		1 Yes	2 No	2 No	2 No	1 Yes		
AJ Samoan		31 Vocational Rehabilitation		1 Yes	2 No	9 Not Applicable	9 Not Applicable	2 No		
AK Vietnamese		32 Wagner-Peyser		1 Yes	2 No	45 Basic Skills Deficient		9 Not Applicable		
AL Other Asian/Pacific Island		33 WTW-Participant		1 Yes	2 No	1 Yes	2 No	50 Foster Child		
AO Other Asian		34 Title V Activities (OAA)		1 Yes	2 No	2 No	9 Not Applicable	1 Yes		
BL Black - Not Hispanic		35 Comm Srvc Blk Grant Pgm		1 Yes	2 No	46 Offender		2 No		
HI Hispanic		36 HUD Pgm		1 Yes	2 No	1 Yes	2 No	9 Not Applicable		
NA American Indian/Alaskan Native		37 Other non-WIA Pgm		1 Yes	2 No	2 No	9 Not Applicable	51 Family TANF		
WH White - Not Hispanic		38 Rapid Response		1 Yes	2 No	9 Not Applicable	9 Not Applicable	1 Yes		
		39 Rapid Response - Additional Assistance		1 Yes	2 No			2 No		
		40 TANF		1 Yes	2 No					
		41 Food Stamp Training Program		1 Yes	2 No					
52 Family GA 1 Yes 2 No		53 Family RCA 1 Yes 2 No	54 Family SSI 1 Yes 2 No	55 Family Food Stamps 1 Yes, Eligible 2 Yes, Receiving 3 No		56 Number in Family		57 Number of Dependents < Age 18	58 Family Status 1 Parent in one-parent family 2 Parent in two-parent family 3 Other family member 4 Not a family member 5 Not reported	
59 Family Income (Prior 6 mos)		60 Low Income 1 Yes 2 No		61 TANF Exhaustee 1 Yes 2 No		62 Homeless 1 Yes 2 No 9 Not Applicable		63 Poor Work History 1 Yes 2 No	64 Unemployment Insurance 1 Yes, UI Claimant 2 Yes, UI Exhausted 3 No	
65 Veteran Status 1 Yes, <= 180 days 2 Yes, > 180 days 3 No		66 Disabled Veteran 1 Yes 2 Yes, Special disabled 3 No		67 Veteran Separation Date		68 Recently Separated Veteran 1 Yes 2 No		69 Campaign Veteran 1 Vietnam-era 2 Other Campaign Veteran 3 No		70 Spouse of Qualifying Veteran 1 Yes 2 No

WORKFORCE INVESTMENT ACT APPLICATION

Subgrantee Name
Application Number
Agency Code
Social Security Number

Last Name		First Name / Middle Initial			
71 Highest Grade Completed	72 Education Status 1 Student, H.S. or less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School	73 Reading Grade	74 Reading Score	75 Reading Test	76 Reading Version
77 Math Grade	78 Math Score	79 Math Test		80 Math Version	
81 Labor Force Status 1 Employed 2 Not employed	82 Weeks Not Employed Last 26 Weeks	83 Hourly Wage	84 Referred by WPRS (Profiling) 1 Yes 2 No		
85 Dislocated Worker 1 Terminated or Laid off 2 Received Notice of Layoff 3 Long Term Unemployed 4 Self Employed 5 Displaced Homemaker 9 Not Applicable	86 Dislocation Date	87 Job Code at Dislocation	88 Job Title		
89 Dislocation Industry Code	90 Tenure at Employer of Dislocation (months)	91 Client E-Mail Address	92 Employer Number	93 Employer Name	
Employer Address		Employer City	Employer State / ZIP	Employer Telephone ()	
94 Eligibility A Adult WIA B Adult Low Income D Dislocated Worker	F Youth (age 14 - 18) G Youth (age 19 - 21) H Veteran Grant	I 5% Window Youth (age 14 - 18) J 5% Window Youth (age 19 - 21) N Long Term Unemployed X Not Eligible	Does client meet priority of service in Department of Labor veterans training program (Public Law 107-288)? Y Yes N No		
Signature of Interviewer			95 Interviewer ID	Date	
Signature of Reviewer			96 Reviewer ID	Date	

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

Subgrantee Name
01 Social Security Number
02 Case Number
Application Number

Last Name				First Name / Middle Initial			
03 Education Status		04 Basic Skills Deficient	05 Grant Code	06 Agency Code		07 Labor Force Status	
1 Student, H.S. or less		1 Yes				1 Employed	
2 Student, attending post H.S.		2 No				2 Not Employed	
3 Out-of-School, H.S. dropout		9 Not Applicable					
4 Out-of-School, H.S. grad, employment difficulty							
5 Out-of-School, H.S. grad, no employment difficulty							
6 Alternative School							
08 Enrollment Date		09 Date ITA Established		10 Total Amount of ITA		11 Pell Grant Recipient	12 Pell Grant School Year Award Amount
						1 Yes	
						2 No, Applied but denied	
						3 No, Application pending	
						4 Application not submitted	

Activity 1	Activity Code	Agency Code	State Provider ID	Program Code	Job Code / Job Description	Begin Date	Est / End Date	ITA Amount Used	Completion Code	Goal Code
Activity 2	Activity Code	Agency Code	State Provider ID	Program Code	Job Code / Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code
Activity 3	Activity Code	Agency Code	State Provider ID	Program Code	Job Code / Job Description	Begin Date	Est/End Date	ITA Amount Used	Completion Code	Goal Code

Enrolling Staff Signature			13 Enrolling Staff ID			Date		
---------------------------	--	--	-----------------------	--	--	------	--	--

Activity Codes Core 10 Follow-up Services, Counseling 11 Staff Assisted Job Development 12 Staff Assisted Job Referrals 13 Staff Assisted Job Search, Placement 14 Staff Assisted Workshops / Job Clubs 15 Other Core Services 16 Non-WIA Funded Core Services 17 Co-enrolled Core Services 20 Hurricane Katrina Intensive 30 Case Mgt for Participants 31 Comprehensive Assessments 32 Development of Individual Employment Plan 33 Group Counseling 34 Work / Entry Employment Experience 35 Individual Counseling and Career Planning 36 Out-of-Area Job Search 37 Relocation Expenses 38 Short Term Pre-vocational Services 39 Internships 40 Other Intensive Services 41 Non-WIA Funded Intensive Services 42 Co-enrolled Intensive Services		Training 50 Adult Education 51 Customized Training 52 Entrepreneurial Training 53 Job Readiness Training 54 Occupational Skills Training 55 On-The-Job Training 56 Private Sector Training 57 Skill Upgrading and Retraining 58 Workplace Training and Coop Ed 59 Other Training Services 60 Non-WIA Funded Training Services 61 Co-enrolled Training Services Youth 70 Summer-related 71 Educational Achievement Services 72 Employment Services 73 Citizen and Leadership Services 74 Other Youth Services 75 Non-WIA Funded Youth Services 76 Co-enrolled Youth Services Miscellaneous 81 Supportive Services 82 Needs-related Payments 83 Planned Break In Services: Delay in Training 84 Non-WIA Funded Miscellaneous 85 Co-enrolled Miscellaneous Services 86 Planned Break in Services: Health / Medical 90 : 99 Optional Local Use		Goal Codes (Youth Only) Basic Skills 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL / VESL 015 Life Skills Occupational Skills 007 Perform Actual Tasks 008 Familiarity with Procedures, Tools 016 Technology 019 Information Skills Work Readiness Skills 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills	
		Completion Codes 1 Completed 2 Not Completed, Involuntary 3 Not Completed, Voluntary			

WORKFORCE INVESTMENT ACT GOALS

Subgrantee Name
01 Case Number
Application Number
02 Agency Code
Social Security Number

Last Name				First Name / Middle Initial			
Primary Goal	Goal Type	Goal Code	Goal Description	Date Set	Result Code	Result Description	Date Attained
Staff Signature				03 Goals Staff ID		Date	
Primary Goal Code 1 Primary Goal 2 Not Primary Goal		Goal Type 1 Basic Skills 2 Occupational Skills 3 Work Readiness Skills			Result Code 1 Attained Goal 2 Set, Goal Not Attained		
Goal Code BASIC SKILLS 001 Reading Comprehension 002 Math Computation 003 Writing 004 Speaking 005 Listening 006 Problem Solving, Reasoning, Decision Making 013 ESL / Vocational ESL 015 Life Skills		OCCUPATIONAL SKILLS 007 Perform Actual Tasks 008 Familiarity With Procedures, Tools 016 Technology 019 Information Skills			WORK READINESS 009 World of Work Awareness 010 Labor Market Knowledge 011 Career Planning 012 Job Search Techniques 014 Leadership 017 Allocates Resources 018 Team Work 020 Interpersonal Skills		

WORKFORCE INVESTMENT ACT

EXIT

Subgrantee Name
01 Application Number
02 Agency Code
Social Security Number

Last Name		First Name / Middle Initial			
03 Exit Education Status 1 Student, H.S. or Less 2 Student, attending post H.S. 3 Out-of-School, H.S. dropout 4 Out-of-School, H.S. grad, employment difficulty 5 Out-of-School, H.S. grad, no employment difficulty 6 Alternative School		04 Exit Codes	Exit Codes (Select up to three codes) 01 Entered Employment 02 Called Back / Remained With Layoff Employer 03 Entered Advanced Training 04 Entered Postsecondary Education 05 Attained Recognized Certificate / Diploma / Degree 06 Planned Services Completed 07 Planned Services Not Completed 08 Lacks Transportation 09 Family Care 10 Health / Medical		11 Cannot Locate 12 Death 13 Institutionalized 14 Voluntary Other 15 Objective Assessment Only 16 Returned to Secondary Education (Youth Only) 17 Soft Exit 18 Reservists Recalled 19 Automatic State Exit 20 Mandated Residential Program Youth
05 Exit Date	06 Soft Exit Determination Date	07 Degree Attained 1 Yes 2 No, credential intended 3 No, credential not intended 4 No, Credential pending 5 No training services provided	08 Date Degree or Certificate Attained	09 Type of Degree Attained 1 High School Diploma 2 Equivalency / GED 3 AA or AS Diploma / Degree 4 BA or BS Diploma / Degree 5 Occupational Skills License 6 Occupational Skills Certificate or Credential 7 Other	
10 Entered Postsecondary Education 1 Yes 2 No		11 Entered Advanced Training 1 Yes 2 No	12 Entered Military Service 1 Yes 2 No	13 Entered Qualified Apprenticeship 1 Yes 2 No	
14 Date Employed		15 Employer Number	16 Employer Name		
Employer Address		Employer City / State		Employer ZIP	
17 Employer Contact		18 Contact Phone	19 Job Code	20 Hours Per Week	
21 Hourly Wage	22 Training Related Employment 1 Yes 2 No 9 Not Applicable	23 Determination Method 1 Training to job 2 Industry to training 3 Other	24 Health Benefits 1 Yes 2 No	25 Non-Traditional Employment 1 Yes 2 No	
Exit Staff Signature		26 Exit Staff ID	27 Update Client Info? Y Yes N No	Date	
Post Exit Services					
28 Service Code	29 Description	30 Begin Date	31 End Date		
Post Program Service Code 01 Educational Achievement 02 Employment Services 03 Additional Youth Support 04 Citizen and Leadership 05 Follow-up Services					

